

OFFICIAL USE ONLY1ST REQUEST DATE2ND REQUEST DATE

RELIEF AMOUNT

2006 TAX RELIEF PROGRAMS FOR THE ELDERLY OR TOTALLY DISABLED

(REAL ESTATE TAX EXEMPTION OR DEFERRAL &
PERSONAL PROPERTY TAX RELIEF)

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Received Date _____ Completed Date _____

OFFICIAL USE ONLY

APPROVED: RE PP

PARTIAL: 50% 25%

DENIED: RE PP

PRORATION DEFERRAL

INITIAL/DATE:

APPLICATION DUE DATE IS APRIL 17, 2006

DATABANK NO: _____

PERSONAL PROPERTY ACCT. NO: _____

APPLICANT INFORMATION

| | | |
|--|-------------------|-----------------------|
| NAME (Applicant) | SOCIAL SECURITY # | BIRTH DATE |
| NAME (Spouse) | SOCIAL SECURITY # | BIRTH DATE |
| ADDRESS: | CITY: | STATE ZIP CODE:12345- |
| TELEPHONE NUMBER: HOME: _____ WORK : _____ EXT | | |
| PERSON TO CONTACT IF FURTHER INFORMATION IS REQUESTED: | | |
| NAME: | TELEPHONE #: | EXT |

COMPLETE FOR ALL OTHER OWNERS AND RELATIVES RESIDING IN THE PROPERTY

| NAME | RELATIONSHIP | SOCIAL SECURITY # | AGE |
|------|--------------|-------------------|-----|
| | | | |
| | | | |
| | | | |

1. TYPE OF RELIEF: (CHECK BOX)☐

REAL ESTATE TAX RELIEF (Home)

☐

DEFERRAL

☐

RELIEF & DEFERRAL

☐

PERSONAL PROPERTY TAX (Car Tax)

2. IS THE PROPERTY IN THE APPLICANT'S NAME?

REAL ESTATE:

YESNO

PERSONAL PROPERTY:

YESNO**3. WERE YOU RESIDING AT THE ABOVE ADDRESS ON OR BEFORE JANUARY 1, 2006?**YESNO

[]

[]

4. ELIGIBILITY FOR EXEMPTION:☐

I AM NOW OR WILL BE 65 YEARS OF AGE ON OR BEFORE NOVEMBER 15, 2006 (REAL ESTATE TAX RELIEF).

☐

I WAS 65 YEARS OF AGE ON OR BEFORE APRIL 17, 2006 (PERSONAL PROPERTY TAX RELIEF).

☐

I WAS PERMANENTLY AND TOTALLY DISABLED AS OF _____ (Please provide date).

INCOME INFORMATION (FOR 1/1/2005 - 12/31/2005)

PROOF OF ALL INCOME MUST BE PROVIDED

| APPLICANT AND SPOUSE | | Applicant | Spouse |
|---|--|---------------------------|---------------------------|
| 1 | Social Security | | |
| 2 | Pension | | |
| 3 | Annuity | | |
| 4 | Interest and Dividends (Include State and Municipal Bonds) | | |
| 5 | Salary, Bonus and Commissions | | |
| 6 | VA State Tax Refund | | |
| 7 | Rental Income (Net) | | |
| 8 | Other Income (Sick or Disability Pay, Gifts, Alimony, Child Support, etc.) | | |
| 9 | Total Gross Income For Each Person | \$ | \$ |
| 10 | Total Combined Gross Income for Applicant & Spouse | \$ | |
| ALL OTHER OWNERS AND RELATIVES RESIDING IN THE PROPERTY | | Other Owner or Relative 1 | Other Owner or Relative 2 |
| 11 | Social Security | | |
| 12 | Pension | | |
| 13 | Annuity | | |
| 14 | Interest and Dividends (Include State and Municipal Bonds) | | |
| 15 | Salary, Bonus and Commissions | | |
| 16 | VA State Tax Refund | | |
| 17 | Rental Income (Net) | | |
| 18 | Other Income (Sick or Disability Pay, Gifts, Alimony, Child Support, etc.) | | |
| 19 | Total Gross Income For Each Person | \$ | \$ |
| 20 | Total Combined Gross Income for Relative(s) | \$ | |

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|---|-----------|
| Total Income for Personal Property Tax Relief (Line 10) | \$ |
| Total Gross Income for Real Estate Tax Relief (Line 10 + Line 20) | \$ |
| Less Disability Exclusion | |
| Less Other Owner/Relative Exclusion | |
| Total Net Income for Real Estate Tax Relief | \$ |

NET COMBINED FINANCIAL WORTH SECTION AS OF 12/31/05
(NOT INCLUDING PRINCIPLE RESIDENCE AND LOT UP TO TWO ACRES)

| List of Assets | APPLICANT | SPOUSE | RELATIVE1 | RELATIVE2 |
|--|-----------|--------|-----------|-----------|
| Cash on Hand | | | | |
| Checking Accounts | | | | |
| Savings Accounts | | | | |
| Savings Certificates (CDs) | | | | |
| IRA, 401K or Other Retirement Accounts | | | | |
| Stocks, Bonds and/or Mutual Funds | | | | |
| Life Insurance (Cash Value of) | | | | |
| Annuity (Cash Value of) | | | | |
| Other Real Estate Owned | | | | |
| Mortgages or Trust Notes <u>Due Me</u> | | | | |
| Assessed Value of Qualified Vehicle | | | | |
| Assessed Value of Other Vehicle(s) | | | | |
| COLUMN TOTALS | | | | |

Add Total Assets for Each Column to Arrive at Net Combined Worth: \$ _____

Are you required to file a Federal Income Tax Return for 2005? ☐ YES ☐ NO

PLEASE NOTE :

- c Please attach a photocopy of your 2005 Federal Income Tax Return to this application if you are required to file. If it is not available when you file this affidavit, it must be submitted by April 20, 2006.
- c All applicants must also attach photocopies of supporting documents that will verify all sources of income. i.e., Social Security (SSA1099), Railroad Retirement/Pension (1099R), W-2, other 1099s, etc.
- c Failure to submit all financial documentation by the due date will jeopardize your application.

DECLARATION

I declare under the penalties provided by law that this affidavit, financial statement and any accompanying schedules have been examined by me and to the best of my knowledge and belief, are true, correct, and complete. (Any person or persons falsely claiming an exemption shall be guilty of a misdemeanor). ANY PERSON SIGNING FOR AN APPLICANT UNABLE TO SIGN FOR HIMSELF/HERSELF, MUST SIGN THE APPLICANT'S NAME AND PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON ASSISTING THE APPLICANT (Signee)*

| | | | |
|----------------|------|--------------------|------|
| Your Signature | Date | Spouse's Signature | Date |
|----------------|------|--------------------|------|

| | | | |
|----------------|------|---------|-------------|
| (Signee Name)* | Date | Address | Telephone # |
|----------------|------|---------|-------------|

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| | | |
|-------------------|---------------------|--|
| DENIED: RE | GIVE REASON: | |
| DENIED: PP | GIVE REASON: | |